

	<b>Pelvic</b>		
	Reviewed:	Date: 1/4/2022	
	Revised:	Date: 1/4/2022	

## PURPOSE

Practice parameter for the performance of diagnostic ultrasound of the female pelvis.

## SUPPORTIVE DATA

- Obtain a written, verbal, or electronic order from provider
- Verify that written orders are scanned into Epic
- Previous relevant imaging procedures

## INDICATIONS

Indication for a pelvic ultrasound examination include but are not limited to:

- Evaluation of pelvic pain
- Evaluation of pelvic masses
- Evaluation of endocrine abnormalities, including polycystic ovaries
- Evaluation of amenorrhea
- Evaluation of abnormal vaginal bleeding
- Evaluation of delayed menses
- Evaluation of abnormal vaginal bleeding
- Follow-up of a previously detected abnormality
- Evaluation for ovarian torsion
- Evaluation when there is limited clinical examination of the pelvis
- Evaluation for signs or symptoms of pelvic infection
- Further characterization of a pelvic abnormality noted on another imaging study
- Evaluation of congenital uterine and lower genital tract anomalies
- Evaluation of excessive bleeding, pain, or signs of infection after pelvic surgery, delivery, or abortion
- Localization of an intrauterine contraceptive device

## CONTRAINDICATIONS

- Transvaginal approach is contraindicated in pediatric patients, patients who have never been sexually active and/or if patient refuses.

## **EQUIPMENT LIST**

- Real-time ultrasound scanner with transducer of appropriate frequency
- Gel
- Towels
- Patient gown (if applicable)
- Hip elevator

## **SAFETY**

- Universal precautions for bodily fluids should be observed as per hospital protocol.
- All ultrasound carts are annually checked and are up to date with all state and manufacturer guidelines.
- Exams will be prioritized according to ordering status (STAT, ASAP or Routine)

## **PATIENT PREPARATION**

- Drink 12-20 ounces of clear, non-carbonated liquid 45 minutes prior to exam to achieve a full bladder
- Do not use bathroom until instructed

## **PROCEDURE**

1. Check provider's orders for reason for exam and any comments.
2. Review report of patient's most recent ultrasound, relevant imaging or relevant labs if applicable.
3. Start exam in Epic
4. Verify patient by 2 patient identifiers (name, DOB, wristband).
5. Process should be explained to patient.
6. Have patient change into gown if appropriate
7. Perform imaging procedure
8. End exam in Epic

## **IMAGING PROCEDURE**

### **Pelvic Complete Transabdominal Protocol**

A normal Pelvic Complete Transabdominal protocol will aim to include the following views:

#### **UTERUS:**

#### **SAGITTAL:**

- ML Uterus
- ML Uterus w/measurement
- Myometrium color Doppler

- Endometrium measurement
- Endometrium color Doppler
- Cervix

**TRANSVERSE:**

- ML Uterus
- ML Uterus w/measurement
- Cervix

**OVARIES:**

**SAGITTAL**

- Right Ovary OR Adnexa
- Right Ovary w/measurements

**CORONAL**

- Right Ovary OR Adnexa
- Right Ovary w/measurements

**SAGITTAL**

- Left Ovary OR Adnexa
- Left Ovary w/measurements

**CORONAL**

- Left Ovary OR Adnexa
- Left Ovary w/measurements

**Additional Images**

1. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler

**Bilateral Ovarian Volume Measurement:** Document on worksheet only, do not include in machine package:

Volume calculation:  $L \times W \times H \times 0.52 = \text{volume cm}^3$

**Ovarian Torsion Evaluation and Criteria:** Asymmetric ovary volume or > volume greater than  $60 \text{ cm}^3$  indicates torsion. Demonstrate arterial and venous flow bilaterally

**Pelvic Complete Transvaginal Protocol**

A normal Pelvic Complete Transvaginal protocol will aim to include the following views:

**UTERUS:**

**SAGITTAL:**

- ML Uterus
- ML Uterus w/measurement (if not complete TA)

- Myometrium color Doppler
- Endometrium measurement
- Endometrium color Doppler
- Cervix

#### **TRANSVERSE:**

- ML Uterus
- ML Uterus w/measurement (if not complete TA)
- Cervix

#### **OVARIES:**

##### **SAGITTAL**

- Right Ovary OR Adnexa
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##### **CORONAL**

- Right Ovary OR Adnexa
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##### **SAGITTAL**

- Left Ovary OR Adnexa
- Left Ovary w/measurements

##### **CORONAL**

- Left Ovary OR Adnexa
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#### **Additional Images**

1. Document pathological findings with all appropriate additional views to include color doppler and/or pulsed wave doppler

**Bilateral Ovarian Volume Measurement:** Document on worksheet only, do not include in machine package:

Volume calculation:  $L \times W \times H \times 0.52 = \text{volume cm}^3$

**Bilateral Ovarian Follicle# Criteria:** >12 subcentimeter follicles in a single static image (transvaginal only)

**Ovarian Torsion Evaluation and Criteria:** Asymmetric ovary volume or > volume greater than  $60 \text{ cm}^3$  indicates torsion. Demonstrate arterial and venous flow bilaterally

## **DOCUMENTATION**

1. Written, verbal, or electronic order from provider
2. The worksheet and images need to be scanned into PACS under appropriate exam and put online.

3. Ultrasound images should be labeled with anatomy imaged and orientation (SAG or TRANS)
4. All images are submitted with above documentation for dictation and stored in PACS
5. For all STAT, ER and Urgent Care ultrasound exams, call radiologist for preliminary report to give to ordering provider
6. If it is between 2200 - 0700, submit exam along with proper documentation to teleradiology

## REFERENCE

- Approved by Pharmacy and Therapeutics Board on 08/14/2020
- Approved by Medical Executive Team on 09/11/2020
- Approved by Medical Director, Dr. Muneer Desai, on 08/20/2020
- Approved by Radiology Protocol Committee on 3/9/2020
- [ACR Practice Parameters Resolution 27 \(2019\)](#)

## References

Reference Type	Title	Notes
<b>Documents referenced by this document</b>		
Referenced Documents	<a href="#">ACR Practice Parameters Resolution 27 (2019)</a>	